Activities for Core OCAN Training Session

Ontario Common Assessment of Need (OCAN)

CCIM Community Care Information Management
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Activities for Core OCAN Training Session

Icebreakers	Title	Duration	Group Size	Optional
a)	Community Introductions	30 minutes	12 or less participants	Yes
b)	Getting to know you Bingo	20 minutes	15-30 participants	Yes
c)	Community Introductions	20+ minutes	any size	Yes

Activities	Title	Duration	Group Size	Optional
1)	Mental Health Functional Centre Use	30 minutes	Small groups of 2 -4 or one large group working together	No
2)	Housing Definition	10-15 minutes	Small groups of 2 -4 or one large group working together	No
3)	Develop an understanding of a consumer's situation using Core OCAN	60 minutes including debrief	Small groups of 2 -4	No

a) Community Introductions

Intent	Community introductions are intended to involve the entire group of participants in the introduction of their classroom colleagues. People will learn many things about their group members depending on the type of question they ask. This is a great activity to debrief around questioning styles.
Duration	30 minutes
Group size	Due to the rather long debrief for this activity, it's recommended for group sizes up to 12 participants.
Materials	Community Introductions Worksheet (see next page) Participants will need paper / pens to record answers Name tags will help for participants who do not know each other
How to facilitate	Participants will ask questions of each of their colleagues, and there are three rules: 1. participants cannot answer a question they've already answered 2. participants cannot give more information than is asked in the question 3. questions must be open-ended, not yes/no questions
Debrief	What were some of the challenges of this exercise? What were some of the benefits of this exercise?

Community Introductions Worksheet

Colleague Name	Information

b) Getting to Know You Bingo

Intent	Get to know you Bingo is a game designed to introduce you to other workshop participants in a fun way. It works well even when you may already know the participants because you'll get to learn something new about your colleagues.
Duration	Allow the participants 10-15 minutes to get the information or until someone yells "Bingo." Debrief, if used, can take 5 minutes.
Group size	The best group size for Get to know you Bingo is 15 – 30 participants.
Materials	Bingo sheets (see next page) Pens, markers or pencils Room to move around & mingle
How to play	Each participant receives a bingo sheet. At the start of the game, participants get up and walk around the room introducing themselves to others and finding out whether people fit into the categories on the bingo form. Winning the game is at the discretion of the facilitator. For smaller groups winning can be just one completed line, horizontal, vertical or diagonal. Or, you can allow participants to record a person's name more than once. For larger groups, filling the whole sheet will allow participants to meet more in the group. Consider not allowing participants to record a name more than once. The winner yells "Bingo" and will read back their winning results. The group will verify if the results are correct. Consider offering a token prize for the winner.
Debrief	What were some of the challenges of this exercise? What were some of the benefits of this exercise?

Getting to Know You Bingo

_____ had cereal for breakfast this morning	_____ traveled out of the country this past summer	_____ likes to watch television	_____ enjoys math	_____ rides a bike for exercise
_____ can speak more than 2 languages	_____ likes to play board games	_____ has an older sister	_____ is a really good cook	_____ likes the rain
_____ is afraid of spiders	_____ has a birthday in December	_____ would like to win one million dollars	_____ likes to play soccer	_____ can drive a motorcycle
_____ does not like candy	_____ can tap dance	_____ has been married for more than 2 years	_____ can play the piano	_____ has read all of the Harry Potter books
_____ would like to travel to France	_____ owns a pet bird	_____ does not like shopping	_____ can juggle	_____ is wearing something purple

c) Introduce Your Partner

Intent	Introduce your partner is an ideal activity for a group with even or odd numbers of participants. The intent is to get to know some key information about one or two people in close proximity to you. This icebreaker works best when the participants don't know each other or they come from different HSPs.
Duration	Depending on the group size and debrief, this activity can take 20 minutes or longer.
Group size	Any size of group is fine. Debrief can be time consuming depending on the amount of information to be presented or the size of the group. If it is a particularly large group, choose one interesting fact to introduce your partner.
Materials	Flipchart / markers (optional)
How to facilitate	Ask the participants to break into pairs. If there is an odd number in your group, there may be one group of 3 participants. Depending on the information that's important to gather, consider having participants answer the following questions from their partner: - person's name - HSP or department / program name - length of time with the HSP - most memorable moment at work - most memorable moment not at work - something unique about the person - background / experience with training others To assist with memory, you may write these questions on a flipchart or whiteboard. The facilitator will ask the partners to introduce each other.
Debrief	What were some of the considerations in sharing the information about your partner with the larger group? What were some of the challenges of this exercise? What were some of the benefits of this exercise?

Activity #1 Mental Health Functional Centre Use

Intent	To give learners the opportunity to practice completing Part 5 of the Core OCAN, "Mental Health Functional Centre Use (for the last 6 months)" with information collected from a fictional scenario.
Duration	30 minutes
Group size	This activity can be conducted with small break-out groups of 2 to 4, or as a bigger group working together.
Materials	Copy of scenario for each learner and partially completed Mental Health Functional Centre Use form (see next page)
How to facilitate	Explain the instructions for the activity to the group Set the time for completion Read the scenario out loud to the entire group Walk around the groups, if you've broken out into smaller work groups, provide assistance where necessary Provide correct answers and debrief with the larger group
Scenario 1	**Counselling and Treatment Program** You are a program coordinator for a counselling and treatment program at an Aboriginal Health Access Centre (AHAC) where your main role is determining who may qualify for the program. You have just received a referral from a nurse practitioner from within the AHAC referring Natasha J. to your program on February 11th, 2009. You call and schedule an assessment appointment on March 1, 2009 where Natasha will meet with the primary worker and the psychiatrist. Following the assessment session, you review collateral information and present the information to the team. The team decides to accept Natasha into the ACT program on March 7, 2009.

Scenario 1: Counselling and Treatment Program

You are a program coordinator for a counseling and treatment program at an Aboriginal Health Access Centre (AHAC) where your main role is determining who is suitable for the program. You have just received a referral from a nurse practitioner from within the AHAC referring Natasha J. to your program on February 11th, 2009. You call and schedule an assessment appointment on March 1, 2009 where Natasha will meet with the primary worker and the psychiatrist.

Following the assessment session, you review collateral information and present the information to the team. The team decides to accept Natasha into the ACT program on March 7, 2009.

Mental Health Functional Centre 1
OCAN Lead:* ■ Yes ☐ No
Staff Worker Name:*
Staff Worker Phone Number:* **Ext:**
Organization Name:* New City AHAC
Organization Number:* 000
Program Name:* New City Counselling and Treatment
Program Number:* 1111
Functional Centre Name:* Clinic/Program - Counselling and Treatment
Functional Centre Number: 7*5 10 76 12
Service Delivery LHIN:* 6
Referral Source:* Other Community Agency
Request for Service Date (YYYY-MM-DD): 2009-02-11
Service Decision Date (YYYY-MM-DD): 2009-03-07
Accepted: Yes
Service Initiation Date (YYYY-MM-DD): Don't know answer
Exit Date (YYYY-MM-DD): Don't know answer
Exit Disposition: none

Notes:

_____

_____

_____

Activity #2 Housing definition

Intent	To give learners the opportunity to practice referencing the user manual for definitions to complete item #23 of the Core OCAN.
Duration	10-15 minutes
Group size	This activity can be conducted with small break-out groups of 2 to 4, or one large group working together
Materials	User manual for each learner Copy of scenarios to complete for each learner Copy of User Reference Guide
How to facilitate	Explain the instructions for the activity to the group Have the large group break out into smaller groups of 2-4 Read the scenario out loud to the group Direct learners to the user manual to complete the activity while referencing the User Reference Guide Stress why its important to be familiar with standardized definitions in the User Reference Guide
Instructions	Refer to the User Reference Guide to identify the housing type in each of the following scenarios
Scenario 1	Joe is new to your HSP and you learn about various parts of his life. Among the details you hear, Joe tells you that he lives with his parents in their home and does not pay rent. *What is the Housing Type in this situation?*
Answer Key	Accommodation – Private House/Apt. – Other/Subsidized
Scenario 2	Susan has been in your HSP for several years. You are now completing a Core OCAN in your HSP. Susan Lives in Valley View Adult facility which is funded by the municipality and privately owned and operated *What is the Housing Type in this situation?*
Answer Key	Domiciliary Hostel – Municipal funded, privately owned and operated accommodation providing room and board. Note: while this may not be common, this provides the participants an opportunity to look up definitions.

Activity #3 Develop an understanding of consumer's situation using Core OCAN

Intent	To give learners the opportunity to interpret Core OCANs they might receive and to gain a better understanding of the importance of completing Core OCAN accurately.
Duration	60 minutes including debrief
Group size	This activity can be conducted with small break-out groups of 2 to 4, debrief in a larger group.
Materials	Copy of complete Core OCAN Paper to record notes
How to facilitate	Explain the instructions for the activity to the group Have the large group break out into smaller groups of 2-4 Set time limit Move about room to provide assistance if needed Read the instructions out loud to the entire group
Instructions	Review the completed Core OCAN provided in a small group. Discuss the information and what the client profile might be. Report back to the large group your understanding of the consumer's situation.
Answer key	The scenario points us to the following assumptions: Tiffaney is a young aboriginal woman, a widow. She presents to the sandy Hill Community Mental Health Center asking for assistance in getting off the streets. She is form Northern Ontario, having come to Ottawa about a year ago. She has an elderly grandmother in Ottawa to whom she is attached, but who is living in a retirement home and cannot assist her. She has not found a family doctor, and does not share any information about a psychiatrist. She does not mention having connection with any other services in Ottawa at this time. She does not have a Power of Attorney, and indicated she has no concerns about her own capacity to manage her own affairs. (She has no money and no property) Tiffaney does share that she has had 'problems" with depression and drugs for about 10 years, she does not want to tell any details of this and came to this HSP asking specifically to get help with finding a place to live and any other help that she would be able to get from the service.

Core OCAN

Using CORE OCAN

This agency is using the Core OCAN which comprises only the Consumer Information Summary and Service Use and not the Consumer Self-Assessment or Staff Assessment parts of OCAN. The Core OCAN captures the information that this agency reports as a community mental health service provider.

Important points to communicate to the consumer:

Use of consumer responses
The answers consumers provide to questions in OCAN will be used to help them get the support they need. This information may only be used and shared with other agencies if they agree. A consumer may refuse to share any information they wish, and may change their mind at a later time. Choosing not to complete OCAN will not prevent consumers from receiving services.

- Information collected using the self-assessment represents their view of where they are today.
- Sharing that information can be an essential part of getting the services they need.
- They decide how and when their information is used and shared with others.

Consumer consent
The agency will provide a consent form to consumers with the OCAN assessment. The consent is the place for them to indicate their desire to use OCAN and how they want their information to be shared with others.

Start Date (YYYY-MM-DD)*: **2010-09-13**

Consumer Information Summary

1. OCAN Lead Assessment

OCAN completed by OCAN Lead?* ■ Yes ☐ No

2. Reason for OCAN (select one)*

■ Initial OCAN
☐ Reassessment
☐ (Prior to) Discharge
☐ Significant change
☐ Review
☐ Re-key
☐ Other (e.g., consumer request) _____

3. Consumer Information

First Name:
Middle Initial:
Last Name:
Preferred Name: **Tiffaney**
Address:
City:
Province:
Postal Code:
Phone Number: Ext:
Email Address:

Date of Birth (YYYY-MM-DD):***2010-09-13** ■ Estimate
☐ Unknown
Health Card Number: **234-567-890**
Version Code: **RL**
Issuing Territory: **Ontario**
Service Recipient Location (county, district, municipality):***Ottawa**
LHIN Consumer Resides in:* **Champlain**

3b. Gender (select one)* ☐ Male ☐ Female ☐ Other ☐ Consumer declined to answer ☐ Unknown

3c. Marital Status (select one)

☐ Single
☐ Married or in common-law relationship
☐ Partner or significant other
■ Widowed
☐ Separated
☐ Divorced
☐ Consumer declined to answer
☐ Unknown

4. Mental Health Functional Centre Use (for the last 6 months)

Mental Health Functional Centre 1	Mental Health Functional Centre 2
OCAN Lead:* ■ Yes ☐ No	**OCAN Lead:*** ☐ Yes ☐ No
Staff Worker Name:* Susan Smith	**Staff Worker Name:***
Staff Worker Phone Number:* 613-777-1111 Ext: 1237	**Staff Worker Phone Number:* Ext:**
Organization LHIN:* Champlain	**Organization LHIN:***
Organization Name:* Sandy Hill Community Health Centre	**Organization Name:***
Organization Number:* 00000	**Organization Number:***
Program Name:* Peer Support	**Program Name:***
Program Number:* 01234	**Program Number:***
Functional Centre Name:*	**Functional Centre Name:***
Functional Centre Number:*	**Functional Centre Number:***
Service Delivery LHIN:* Champlain	**Service Delivery LHIN:***
Referral Source:* Self	**Referral Source:***
Request for Service Date (YYYY-MM-DD): 2010-09-13	**Request for Service Date (YYYY-MM-DD):**
Service Decision Date (YYYY-MM-DD): 2010-09-13	**Service Decision Date (YYYY-MM-DD):**
Accepted:	**Accepted:**
Service Initiation Date (YYYY-MM-DD): 2010-09-13	**Service Initiation Date (YYYY-MM-DD):**
Exit Date (YYYY-MM-DD):	**Exit Date (YYYY-MM-DD):**
Exit Disposition:	**Exit Disposition:**
Mental Health Functional Centre 3	**Mental Health Functional Centre 4**
OCAN Lead:* ☐ Yes ☐ No	**OCAN Lead:*** ☐ Yes ☐ No

Staff Worker Name:*	**Staff Worker Name:***
Staff Worker Phone Number:* **Ext:**	**Staff Worker Phone Number:*** **Ext:**
Organization LHIN:*	**Organization LHIN:***
Organization Name:*	**Organization Name:***
Organization Number:*	**Organization Number:***
Program Name:*	**Program Name:***
Program Number:*	**Program Number:***
Functional Centre Name:*	**Functional Centre Name:***
Functional Centre Number:*	**Functional Centre Number:***
Service Delivery LHIN:*	**Service Delivery LHIN:***
Referral Source:*	**Referral Source:***
Request for Service Date (YYYY-MM-DD):	**Request for Service Date (YYYY-MM-DD):**
Service Decision Date (YYYY-MM-DD):	**Service Decision Date (YYYY-MM-DD):**
Accepted:	**Accepted:**
Service Initiation Date (YYYY-MM-DD):	**Service Initiation Date (YYYY-MM-DD):**
Exit Date (YYYY-MM-DD):	**Exit Date (YYYY-MM-DD):**
Exit Disposition:	**Exit Disposition:**

5. Family Doctor Information

☐ Yes ☐ No ■ None available ☐ Consumer declined to answer ☐ Unknown

Name:	Address:
Phone Number:	City:
Ext:	Province:
Email Address:	Postal Code:

Last seen:

6. Psychiatrist Information

☐ Yes ☐ No ☐ None available ■ Consumer declined to answer ☐ Unknown

Name:	Address:
Phone Number:	City:
Ext:	Province:
Email Address:	Postal Code:

Last seen:

7. Other Contact

■ Yes ☐ No ☐ Consumer declined to answer ☐ Unknown

Contact Type: Family

Name: **Genevieve Kentillia**	Address: **Thorwood Place Retirement**
Phone Number: **613-555-1111**	City: **Ottawa**
Ext:	Province: **Ontario**
Email Address:	Postal Code:

Last seen: **2009-12-25**

Other Contact

☐ Yes ■ No ☐ Consumer declined to answer ☐ Unknown

Contact Type:

Name:	Address:
Phone Number:	City:
Ext:	Province:
Email Address:	Postal Code:

Last seen:

8. Other Agency

☐ Yes ■ No ☐ Consumer declined to answer ☐ Unknown

Name:	Address:
Phone Number:	City:

Ext: Province:
Email Address: Postal Code:

Last seen:

9. Consumer Capacity (select all that apply)

9a. Power of Attorney for Personal Care: ☐ Yes ■ No ☐ Consumer declined to answer ☐ Unknown
Power of Attorney or SDM Name:
Address:
Phone Number: Ext:

9b. Power of Attorney for Property ☐ Yes ■ No ☐ Consumer declined to answer ☐ Unknown
Power of Attorney:
Address:
Phone Number: Ext:

9c. Guardian ☐ Yes ■ No ☐ Consumer declined to answer ☐ Unknown
Name:
Address:
Phone Number: Ext:

9d. Areas of concern

Finance/property:	☐ Yes	■ No	☐ Unknown	
Treatment decisions:	☐ Yes	■ No	☐ Unknown	
Finance/property:	☐ Yes	■ No	☐ Unknown	
Treatment decisions:	☐ Yes	■ No	☐ Unknown	

10. Age in years for onset of mental illness: 10 ■ Estimate ☐ Consumer declined to answer ☐ Unknown ☐ N/A

11. Age of first psychiatric hospitalization: ☐ Estimate ■ Consumer declined to answer ☐ Unknown ☐ N/A

12. Date when consumer first entered your organization (YYYY-MM): 2010-09-10 ☐ Estimate ☐ Consumer declined to answer ■ Unknown ☐ N/A

13. What culture do you (consumer) identify with?

Mixed ethnic group

14. Aboriginal Origin (select one)*

■ Aboriginal ☐ Non-aboriginal ☐ Consumer declined to answer ☐ Unknown

15. Citizenship Status (select one)

■ Canadian citizen ☐ Temporary resident ☐ Consumer declined to answer
☐ Permanent resident ☐ Refugee ☐ Unknown

16. Length of time lived in Canada (number of years/months): 32 years

17. Service recipient preferred language:* English

18. Language of service provision:* English

19. Do you currently have any legal issues? (select one)*

☐ Civil ☐ Criminal ☐ None ■ Consumer declined to answer ☐ Unknown

20. Current Legal Status (select all that apply)

Pre-Charge

☐ Pre-charge diversion
☐ Court diversion program

Pre-Trial

☐ Awaiting fitness assessment
☐ Awaiting trial *(with or without bail)*
☐ Awaiting criminal responsibility assessment (ncr)
☐ In community on own recognizance
☐ Unfit to stand trial

Custody Status

☐ ORB detained – community access
☐ ORB conditional discharge
☐ On parole
☐ On probation

Outcomes

☐ Charges withdrawn
☐ Stay of proceedings
☐ Awaiting sentence
☐ NCR
☐ Conditional discharge
☐ Conditional sentence
☐ Restraining order
☐ Peace bond
☐ Suspended sentence

Other

☐ No legal problem *(includes absolute discharge and time served – end of custody)*
■ Consumer declined to answer
☐ Unknown

21. Where do you live? (select one)*

☐ Approved homes & homes for special care
☐ Correctional/probation facility
☐ Domicillary hostel
☐ General hospital
☐ Psychiatric hospital
☐ Other specialty hospital
■ No fixed address
☐ Hostel/shelter
☐ Long term care facility/nursing home
☐ Municipal non-profit housing
☐ Private non-profit housing
☐ Private house/Apt. – SR owned/market rent
☐ Private house/Apt. – other/subsidized
☐ Retirement home/senior's residence
☐ Rooming/boarding house
☐ Supportive housing – congregate living
☐ Supportive housing – assisted living
☐ Other _____
☐ Consumer declined to answer
☐ Unknown

22. Do you receive any support? (select one)*

☐ Independent
☐ Assisted/supported
☐ Supervised non-facility
☐ Supervised facility
☐ Consumer declined to answer
■ Unknown

23. Do you live with anyone? (select one)*

☐ Self
☐ Spouse/partner
☐ Spouse/partner and others
☐ Children
☐ Parents
☐ Relatives
☐ Non-relatives
☐ Consumer declined to answer
■ Unknown

24. What is your current employment status? (select one)*

☐ Independent/competitive
☐ Assisted/supportive
☐ Alternative businesses
☐ Sheltered workshop
☐ Non-paid work experience
☐ No employment – other activity
■ Casual/sporadic
☐ No employment of any kind
☐ Consumer declined to answer
☐ Unknown

25. Are you currently in school? (select one)*

■ Not in school
☐ Elementary/junior high school
☐ Secondary/high school
☐ Trade school
☐ Vocational/training centre
☐ Adult education
☐ Community college
☐ University
☐ Other_____
☐ Consumer declined to answer
☐ Unknown

26. Psychiatric History

26a. Have you been hospitalized due to your mental health during the past two years? (select one)*

☐ Yes ☐ No ■ Consumer declined to answer ☐ Unknown

26b. If Yes,

Total number of admissions for mental health reasons:

If Initial OCAN, list hospital admissions for the past 2 years OR if Reassessment, list hospital admissions since last OCAN

Total number of hospitalization days for mental health reasons:

If Initial OCAN, list total number of days spent in hospital for the past 2 years OR If Reassessment, list total number of days spent in hospital since last OCAN

26b. If Yes,

Total number of admissions for mental health reasons:

If Initial OCAN, list hospital admissions for the past 2 years OR if Reassessment, list hospital admissions since last OCAN

Total number of hospitalization days for mental health reasons:

If Initial OCAN, list total number of days spent in hospital for the past 2 years OR If Reassessment, list total number of days spent in hospital since last OCAN

27. How many times did you visit an Emergency Department in the last 6 months for mental health reasons?*

☐ None ■ 2 - 5 ☐ Consumer declined to answer

☐ 1 ☐ > 6 ☐ Unknown

28. Community Treatment Order:*

☐ Issued CTO ■ No CTO ☐ Consumer declined to answer ☐ Unknown

29. Diagnostic Categories (select all that apply)*

This information is collected from a variety of sources, including self-report, and should not be used for diagnosis without being confirmed by a qualified diagnosing practitioner.

☐ Adjustment disorders
☐ Anxiety disorder
☐ Delirium, dementia, and amnestic and cognitive disorders
☐ Developmental handicap
☐ Disorder of childhood/adolescence
☐ Dissociative disorders
☐ Eating disorders
☐ Factitious disorders
☐ Impulse control disorders not elsewhere classified
☐ Mental disorders due to general medical conditions
■ Mood disorder
☐ Personality disorders
☐ Schizophrenia and other psychotic disorders
☐ Sexual and gender identity disorders
■ Sleep disorders
☐ Somatoform disorders
■ Substance related disorders
☐ Intellectual disability or impairment
☐ Consumer declined to answer
☐ Unknown

30. Other Illness Information (select all that apply)

☐ Concurrent disorder (substance abuse)
☐ Dual diagnosis (developmental disability)
■ Other chronic illnesses
☐ Other physical disabilities

31. What is your highest level of education? (select one)*

☐ No formal schooling
☐ Some elementary/junior high school
☐ Elementary/junior high school
■ Some secondary/high school
☐ Secondary/high school
☐ Some college/university
☐ College/university
☐ Consumer declined to answer
☐ Unknown

32. What is your primary source of income? (select one)*

☐ Employment
☐ Employment insurance
☐ Pension
☐ ODSP
■ Social assistance
☐ Disability assistance
☐ Family
☐ No source of income
☐ Other _____
☐ Consumer declined to answer
☐ Unknown

33. Presenting Issues*

☐ Activities of daily living
☐ Attempted suicide
☐ Educational
☐ Financial
■ Housing
☐ Legal
☐ Occupational/employment/vocational
☐ Physical abuse
☐ Problems with addictions
☐ Problems with relationships
■ Problems with substance abuse
■ Sexual abuse
☐ Specific symptom of serious mental illness
☐ Threat to others
■ Threat to self
☐ Other _____

34. Comments: Tiffaney was not comfortable talking about many issues. We will need to clarify her Aboriginal status and what band. Tiffaney said she was from Northern Ontario. Referral to crisis beds. Provided her with business card for addictions service and referral to local Indian Friendship Centre.

Completion Date (YYYY-MM-DD)*: 2010-09-13